



**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SER. NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		2				
7		2				
8	1					
9		1				
10		2				
11		2				
12	1					
13		1				
14		2				
15		2				
16	1					
17		1				
18		2				
19		2				
20	1					
21		1				
22		1				
23		3				
24		3				
25	1					
26		1				
27		1				
28		3				
29		3				
30	1					
31		1				
32		1				
33		3				
34		3				
35	1					
36		1				
37		1				
38		3				
39		3				
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	54					
TOTAL CLAIMS	63					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						